University of San Diego

Act of Intolerance, Harassment or Hate Crime Incident Form

All information on this form will be kept strictly confidential. Please be as specific as possible when answering the questions below. If you have any questions regarding this form, please feel free to call one of the departments listed at the bottom of this form.

(Official Use Only) Incident

Date Reported	Time Reported	Attachments (if any) ☐ None ☐ Pictures ☐ Witness Statement ☐ Evidence ☐ Other
Date of Incident	Time of Incident	Location of Incident (be very specific)

Victim/Reporting Party	USD ID	Address	Phone #
Witness	USD ID	Address	Phone #
Suspect	USD ID	Address	Phone #

Race	Sex	Age (Approx)	Height	Hair Color/ Length	Eye Color	Build

Clothing Worn	Additional Information (including other identifying information)

Please describe the incident in detail (attach additional pages if necessary)

PLEASE RETURN THIS FORM TO ONE OF THE FOLLOWING LOCATIONS

Department of Public Safety (available 24hrs), Hughes Administration Center 150 (x 7777)
Student Affairs Dean of Students Office, Hahn University Center, Room 232 (x4588)
or Human Resources, Maher Hall 101 Attn: Nicki Schuessler Veloz, Director of Title IX/EEO (x 7408)